Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

015-5816

57044

STATE DEPARTMENT OF HEALTH

| PRODUCER OF WASTE (Must be filled by producer) | | | HAULER OF WASTE (Must be filled by hauler) SFUND RECORDS CTR 999000572 |
|---|--------------------------------------|---|---|
| Name ALLIMINUM CO. OF AMERICA | | | ASBURY OIL CO. |
| Pick up Address 5151 ALCOA AVE, VERNON, CA CODE NO. | | | 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 |
| Telephone Number 23) 58 6/4 P.O. or Contract No.: 1477/150 | | | Pick Up: 8 - 20 - 77 Time: (1pm |
| Order Placed By: J. HERON Date: 8.18-77 | | | State Liquid Waste Hauler's Registration No. (if applicable): |
| | | | Job No.:No. of Loads or Trips: Unit No |
| Type of Process which Produced Wastes: ALUMINUM FABRICATOR (Examples: metal plating, equipment cleaning, oil drilling code No. | | | Vehicle: Nacuum truck OO barrels, flatbed, other |
| wastewater treatment, pickling bath, petroleum refining) | | | The described waste was hauled by me to the disposal |
| DESCRIPTION OF WASTE (Must be filled by producer) | | | facility named below and was accepted. |
| Check type of wastes: | | | I certify (or declare) under penalty of perjury |
| 1. Acid solution | 6. Tetraethyl lead sludge | 11. Contaminated soil and sand | that the foregoing is true and correct. |
| 2. Alkaline solution | 7. Chemical toilet wastes | 12. Cannery waste | DISPOSER OF WASTE (Must be filled by disposer) |
| 3. Pesticides | 8. Tank bottom sediment | 13. 🔲 Latex waste | Name (print or type): OPERATING IND |
| 4. Paint sludge | 9. 🗌 Oil | 14. Mud and water | Name (print or type): |
| 5. Solvent | 10. Drilling mud | 15. 🗆 Brine | Site Address: |
| CODE NO. | | | The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. |
| (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide) | | | Quantity measured at site (if applicable):State fee (if any): |
| Land (1701), Cyamad) | _ | | Handling Method(s): |
| · | | | □ recovery |
| 2 | | | |
| 3. | | | (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO. |
| 4. | | | disposal (specify): pond spreading landfill injection well |
| 5. | | | Other (specify): |
| | | | If waste is held for disposal elsewhere specify final location |
| | | | Disposal Date: 8-20-77 |
| Hazardous Properties of Waste: pH | | | I certify (or declare) under penalty of perjury that the foregoing is true and correct. |
| 100 barrels | | | SIGNATURE OF AUTHORIZED AGENT AND TITLE |
| Bulk Volume: | | (42 gal.) Other (SPECIFY) | The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. |
| Containers: (NUMPER) | drums acartons | bags other IANK | \circ |
| Physical State: | Solid Iliquid | sludge Other | \\\/.\X |
| Special Handling Instructions (if any): | | | |
| NONE | | | |
| 71071 | | |) |
| The waste is described to the (applicable) | best of my ability and it was delive | red to a licensed liquid waste hauler (if | J |
| I certify (or declare) under penalty of perjury | | | FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING |
| that the foregoing is true and correct. | | | HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. |
| N. H. Sharm | | | D.O.T. Proper Shipping Name |
| SIGNATURE OF AUTHORIZED AGENT AND TYLE D.O.T. Proper Shipping Name BILLING COPY | | | |
| | | 1 1 | DILLING COT |